

Case Number:	CM15-0022862		
Date Assigned:	02/12/2015	Date of Injury:	09/18/2008
Decision Date:	03/27/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male, who sustained an industrial injury on September 18, 2008. He has reported weakness in the left deltoid. The diagnoses have included cervical degenerative disk disease and stenosis with cervical fusion at the cervical 3-cervical 6 levels and post-operative cervical 5 nerve palsy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work duty modifications. Currently, the Injured Worker complains of weakness in the left deltoid. The injured worker reported an industrial injury in 2008, resulting in chronic left upper extremity pain and weakness. He was treated surgically and conservatively without resolution of the symptoms. Evaluation on May 7, 2014 revealed continued left upper extremity weakness with signs of impingement. Physical therapy and an electric stimulator were requested. On December 3, 2014, evaluation revealed increasing neck pain and pain in the left shoulder. This evaluation noted him to be 9 months post complex multisegmental anterior cord and foraminotomies of the cervical spine. On January 3, 2015, Utilization Review non-certified a request for Meloxicam 15mg #30 , noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 30, 2015, the injured worker submitted an application for IMR for review of requested Meloxicam 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Meloxicam 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 18, 22, 76-79, 124, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAIDs functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacy derived from treatment rendered enabling the patient to continue functioning. The Meloxicam 15mg #30 is medically necessary and appropriate.